

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
GUIDELINE / PROCEDURE**

<b>Guideline/Procedure Number:</b> MCUG3008 (previously UG100308)		<b>Lead Department:</b> Health Services	
<b>Guideline/Procedure Title:</b> Bathroom Equipment Guidelines		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 05/30/1995		<b>Next Review Date:</b> <b>Last Review Date:</b> 02/09/2022	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b> <input checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALING</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Archived Date:</b> 01/11/2023

**I. RELATED POLICIES:**

- A. MCUP3041 – Treatment Authorization Request (TAR) Review Process
- B. MCUP3013 – Durable Medical Equipment (DME) Authorization

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Claims
- C. Member Services

**III. DEFINITIONS:**

N/A

**IV. ATTACHMENTS:**

- A. N/A

**V. PURPOSE:**

To define the process used by the Utilization Management (UM) staff when reviewing a Treatment Authorization Request (TAR) for bathroom equipment.

**VI. GUIDELINE / PROCEDURE:**

- A. Bathroom equipment must be ordered by the member's primary care provider (PCP) or specialist treating the member through a referral from the PCP. For Direct Members, the bathroom equipment must be ordered by the physician currently managing the medical care for the member.
- B. The following types of bathroom equipment are covered by PHC provided that medical necessity has been demonstrated.
  1. Toilet rail or armrest
  2. Raised toilet seat
  3. Tub stool, bench or bath seat
  4. Bathtub safety rail or grab bars
  5. Transfer tub bench
  6. Commode (bedside)

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- C. The TAR must include documentation of medical necessity for use of the device that includes the following information related to the condition:
1. Length of time member has been or will be needing the equipment
  2. Assessment of mental status
  3. Evaluation of functional abilities including assessment of body strength/mobility
- D. Documentation should include information concerning the member's ability to properly use the bathroom equipment.
- E. Durable Medical Equipment (DME) items are covered as medically necessary only to preserve bodily functions essential to activities of daily living or to prevent significant physical disability but not necessarily to restore the member to previous function.

**VII. REFERENCES:**

Medi-Cal Provider Manual/ Guidelines: Durable Medical Equipment (DME): ~~Other~~ DME Equipment ([\*dura other\*](#))

**VIII. DISTRIBUTION:**

- A. PHC Departmental Directors
- B. PHC Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Senior Director, Health Services

**X. REVISION DATES:** 04/28/00; 10/17/01; 10/16/02; 02/16/05; 10/17/07; 11/18/09; 05/18/11; 08/20/14; 01/20/16; 08/17/16; 06/21/17; \*08/08/18; 08/14/19; 08/12/20; 02/10/21; 02/09/22; ARCHIVED 01/11/2023

\*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.